

IMPLEMENTING NICE GUIDELINES

Coexisting severe mental illness and substance misuse: community health and social care services NICE guideline [NG58]. November 2016

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Context

- Groups covered in this guideline include:
young people (aged 14 to 25) and adults who have been diagnosed as having a severe mental illness and who misuse substances and who live in the community.

Context

Mental illness includes a clinical diagnosis of:

- schizophrenia, schizotypal and delusional disorders, or
- bipolar affective disorder, or
- severe depressive episodes with or without psychotic episode

Substance misuse refers to:

- the use of legal or illicit drugs, including alcohol and medicine in a way that causes mental or physical damage.



**Community Health and Social
Care Services**

Recommendations: 6 areas



1.1 First contact with services

- Identify and provide support to people with coexisting severe mental illness and substance misuse. Aim to meet their immediate needs, **wherever** they present.
- Provide **direct help, or get help from other services**, for any urgent physical health, social care, housing or other needs.
- Ensure the person is referred to and followed up within secondary care, and that **mental health services take the lead for assessment and care planning**.

1.1.5

Ensure the **safeguarding needs** of all people with coexisting severe mental illness and substance misuse, and their carers and wider family, are met.

de Waal et al. (Nov 2017) Factors associated with victimization in dual diagnosis patients, *Journal of substance Abuse treatment*

- 243 patients with dual diagnosis seeking treatment in Amsterdam
- Overall:

violent victimization was independently associated with **younger age, female gender, violent offending and a self-sacrificing and overly accommodating interpersonal style**

Females:

homelessness, violent offending, a **domineering/controlling interpersonal style**

Males:

Younger age, violent offending and a **self-sacrificing and overly accommodating interpersonal style.**

Conclusion:


Interventions should build interpersonal skills and be gender specific

1.2 Referral to secondary care mental health services

- Do not exclude people with severe mental illness because of their substance misuse.
- Do not exclude people from physical health, social care, housing or other support services because of their coexisting severe mental illness and substance misuse.



Undertake a **comprehensive assessment** of the person's mental health and substance misuse needs



Assessment of
substance misuse
in mental health
services

The diagram features two large, interlocking arrows. The left arrow is red with a purple-to-red gradient and points to the right. The right arrow is green with a green-to-blue gradient and points to the left. They are positioned centrally below the main text, illustrating the integration of substance misuse and mental health assessments.

Assessment of
mental health in
substance misuse
services



Assessment of substance misuse in mental health services

- Alcohol and drug misuse was a common antecedent of patient suicide, between 45% and 63% (alcohol) and between 33% and 45% (drugs), but only a minority of patients were in contact with substance misuse services. (National Confidential Enquiry ..., 2016).
- NPS (Novel Psychoactive Substances or former Legal Highs) changed the drug scene. "Club drugs need a different response from UK treatment providers" (The Royal College of Psychiatrists, 2014)
- Should there be routine substance "use" / "misuse" assessment? What tools should be used?
- Professional curiosity


Involve the person (and their family or carers if the person wants them involved) in developing and reviewing the care plan (as needed) to ensure it is tailored to meet their needs.

Consider incorporating activities in the care plan that can help to improve wellbeing and create a sense of belonging or purpose.

Ensure the care coordinator works with other services to address the person's social care, housing, physical and mental health needs, as well as their substance misuse problems



Ensure carers (including young carers) who are providing support are aware they are entitled to, and are offered, an assessment of their own needs.



1.4 Partnership working between specialist services, health, social care and other support services and commissioners

- 1.4.2 Ensure joint strategic working arrangements are in place
- Agree a protocol for information sharing
- “working across traditional institutional boundaries”

1.3 The care plan: multi-agency approach to address physical health, social care, housing and other support needs

- **Practical one-to-one support**, for example in relation to housing, education, training or employment
- Support at appointments
- Ensure agencies and staff communicate with each other so the person is not automatically discharged from the care plan because they missed an appointment. All practitioners involved in the person's care should discuss a non-attendance.

Discharge and transition

- Providers **share information** on how to **manage challenging or risky situations** (see also NICE's guideline on violence and aggression: short-term management in mental health, health and community settings).
- “most patients convicted of homicide also have a history of alcohol or drug misuse, between 88% in England and 100% in N Ireland. ”
- “**greater focus on alcohol and drug misuse is required as a key component of risk management** in mental health care, with specialist substance misuse and mental health services working closely together”

(National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) , 2017 report)

1.6 Maintaining contact between services and people with coexisting severe mental illness and substance misuse who use them

- Flexibility
- staying in contact by using the person's chosen method of communication (for example, by letter, phone, text, emails or outreach work, if possible).
- Perseverance



Support for staff

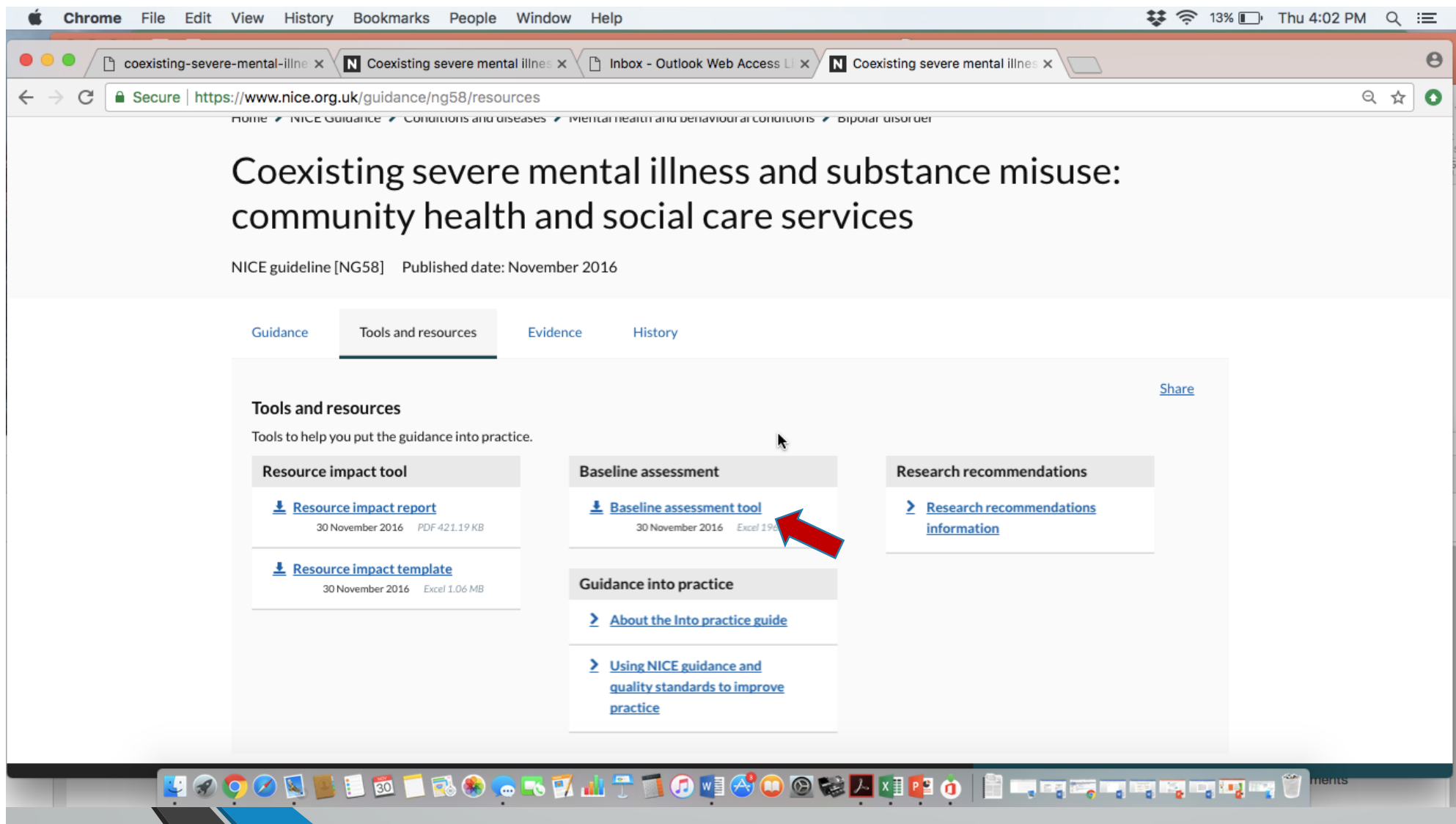
- 1.5.10 Ensure the care coordinator in secondary care mental health services is supervised and receives professional development to provide or coordinate flexible, personalised care.
- 1.5.11 Recognise that different attitudes towards, or knowledge of, mental health and drug- or alcohol-related problems may exist between agencies and that this may present a barrier to delivering services.
- 1.5.12 Ensure practitioners have the resilience and tolerance to help people with coexisting severe mental illness and substance misuse through a relapse or crisis, so they are not discharged before they are fully equipped to cope or excluded from services.



From Intention to action

Implementation





Excel File Edit View Insert Format Tools Data Window Help

baseline-assessment-tool-excel-2726299261 (4)

Home Insert Page Layout Formulas Data Review View

Cut Copy Paste Format

Arial 11 A A

Wrap Text

General

Conditional Formatting Format as Table

Hyperlink 2 Normal Bad Good Neutral Calculation

Insert Delete

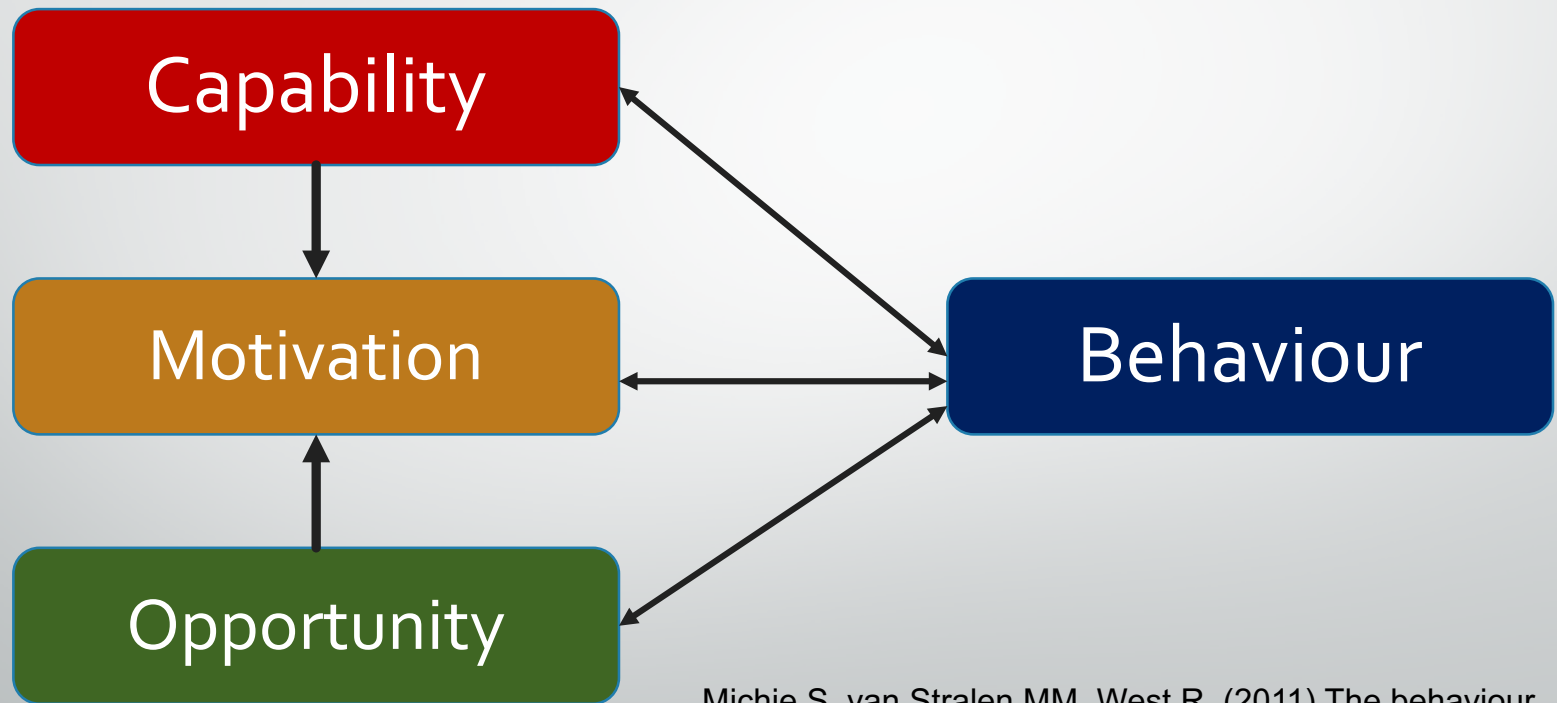
Baseline assessment tool for coexisting severe mental illness – community health and social care services (NICE public health guideline NG58)

NICE recommendation	Current activity/evidence	Recommendation met?	Actions needed to implement recommendation	Is there a risk associated with not implementing this recommendation?	Is there a cost or saving?	Deadline	Lead
1.1 First contact with services These recommendations are for all staff who may be the first point of contact with young people and adults with coexisting severe mental illness and substance misuse working in: - health (including urgent care and liaison services) - social care - public health - voluntary and community sector organisations - housing (for example, homeless shelters or temporary accommodation) - criminal justice system. Identify and provide support to people with coexisting severe mental illness and substance misuse. Aim to meet their immediate needs, wherever they present. This includes: - looking out for multiple needs (including physical health problems, homelessness or unstable housing) - remembering they may find it difficult to access services because they face stigma. Be aware that the person may have a range of chronic physical health conditions including: - cardiovascular, respiratory, hepatic or related complications - communicable diseases - cancer - oral health problems - diabetes. Be aware that people's unmet needs may lead them to have a relapse or may affect their physical health. This could include: social isolation, homelessness, poor or lack of stable housing, or problems obtaining benefits. Provide direct help, or get help from other services, for any urgent physical health, social care, housing or other needs. Ensure the safeguarding needs of all people with coexisting severe mental illness and substance misuse, and their carers and wider family, are met. (See also the section on safeguarding issues in the NICE							

Front sheet Introduction Data sheet

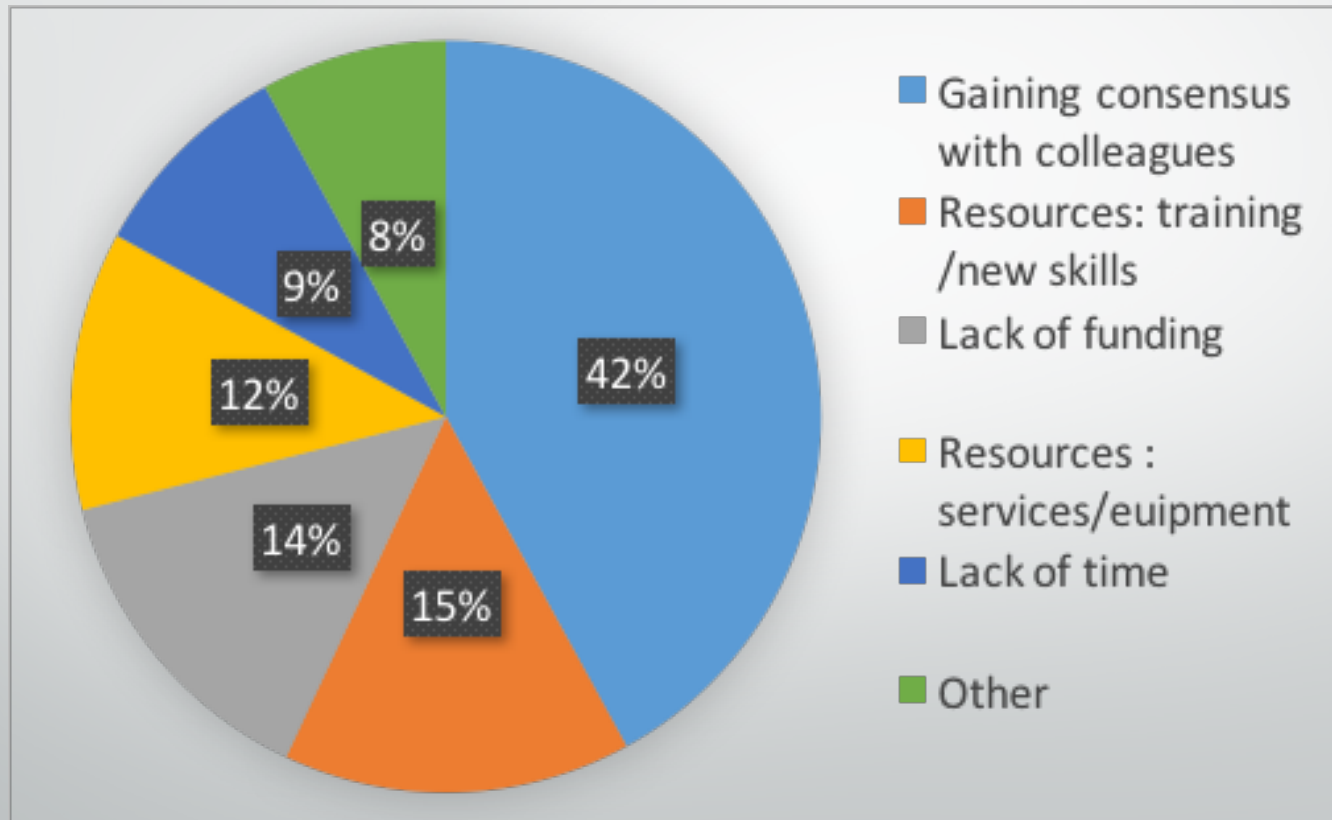
Ready

Wheel of Behaviour Change



Michie S, van Stralen MM, West R. (2011) The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implement Sci.* 23;6:42

Barriers to NICE implementations (survey on 683 clinicians and managers)

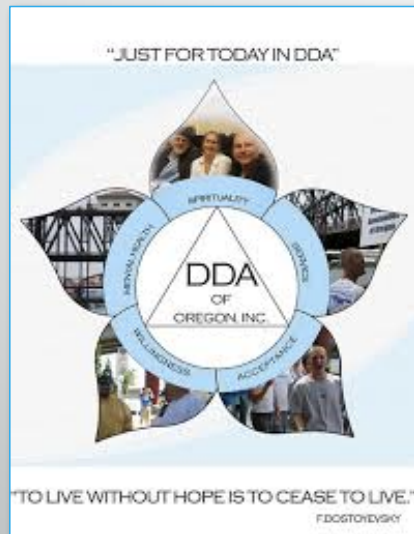


Lrng, G., Moore, V., Abraham, S. (2014) *Achieving High Quality Care*. Oxford: Wiley Blackwell.

- According to the NMC (Nursing and Midwifery Council), between March 2016 and May 2017, 5047 nurses left the profession outside of the retirement age because of unrealistic pressures, stress and poor management support.
- Mental health nursing is one of the professions most at risk of “burn out” (or “compassion fatigue”).



Community resources: Peer support



- 170 members
- Social network mapping
- 1 manager, 4 PT workers
- Person centered, non-directive

Examples of good practice

Slough Mental Health Services

- Extensive training on drug awareness, attitude and substance misuse assessment, included in the cquin targets, 158 staff at all levels participated from 8 localities of Berkshire Healthcare NHS Foundation Trust
- Family member as famly liason worker
- One member of staff responsible for employment
- Peer support programme: embrace
- Thinking outside the box (theare group and choir including both staff and srvice users, collaboration witha an italian programme of sport in mental health recovery).

Healthcare
from the heart of
your community

Berkshire Healthcare NHS
Foundation Trust



Slough
Borough Council

SLOUGH FEST CELEBRATION OF PEOPLE

SINGH SABHA SLOUGH SPORTS CENTRE, STOKE POGES LANE, SLOUGH, BERKSHIRE, SL1 3LW

Monday 10th October 10.00am-16.00pm

SLOUGH FEST 2016

is an event which brings us all together to raise awareness of mental health and to be a part of a social movement where we all have a sense of belonging. Working in partnership with local providers, carers, service users and the local community, we will celebrate world mental health day with a host of activities and events throughout the day.

PROGRAMME OF THE DAY

11.00 MOTHER TONGUE
(MULTI-ETHNIC COUNSELLING
AND LISTENING SERVICE) READING
11.30 INTRODUCTION
FROM GUEST SPEAKERS
12.00 PERFORMANCE
FROM BAND
'SECTIONED'
12.30 PLAY
13.00 STAFF CHOIR
'ONE VOICE'
13.30 SERVICE USER CHOIR
'VIBE TRIBE'
14.00 THE BIG SING

ACTIVITIES

FACE PAINTING
HENNA TATTOOS
LIVE ART WORK
POETRY PERFORMANCES
SINGING
DANCING



Mental Health day 2016



inquiring
interrogative questioning
scrutinizing wondering
examining
seeking
exploratory sharp
investigatory
outward-looking
penetrating
puzzled inspecting doubtful
probing speculative analytical
investigative inquisitive
fact-finding
quizzical studious
searching

Professional Curiosity

- Trying to force a serial approach model may constitute a barrier to a client centered approach.
- Curiosity means to be open to the unexpected and to welcome information that may not support the initial assumptions.
- Organizational culture